

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10828,485</td> </tr> <tr> <td>Filing Date</td> <td>April 19, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Robert L. Anderson</td> </tr> <tr> <td>Title</td> <td>Method and Apparatus for Protecting...</td> </tr> <tr> <td>Art Unit</td> <td>2812</td> </tr> <tr> <td>Examiner Name</td> <td>Alexander G. Ghyska</td> </tr> <tr> <td>Attorney Docket Number</td> <td>000174-0592-102</td> </tr> </table>	Application Number	10828,485	Filing Date	April 19, 2004	First Named Inventor	Robert L. Anderson	Title	Method and Apparatus for Protecting...	Art Unit	2812	Examiner Name	Alexander G. Ghyska	Attorney Docket Number	000174-0592-102
Application Number	10828,485														
Filing Date	April 19, 2004														
First Named Inventor	Robert L. Anderson														
Title	Method and Apparatus for Protecting...														
Art Unit	2812														
Examiner Name	Alexander G. Ghyska														
Attorney Docket Number	000174-0592-102														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

36981

OR
☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.
OR
☐ The address associated with Customer Number:

☐ Firm or Individual Name

Address

City

Country

Telephone

State

Zip

Email

I am the:

☐ Applicant/Inventor.
OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/GB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Brian H. Way	Aug 17, 2016
Name	Telephone
Director of Intellectual Property, Altera Corporation	(408) 544-7000
Title and Company	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.